



**APPLICATION DATA SHEET**

**Application Information**

Application Number:: 10/660,444  
Filing Date:: September 11, 2003  
Application Type:: Regular  
Subject Matter: Utility  
Title:: Septal Puncture Device  
Attorney Docket Number:: NMT-015  
Total Drawing Sheets:: 17  
Small Entity?:: YES  
Licensed US Govt. Agency:: NO

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Andrzej  
Middle Name::  
Family Name:: Chanduszeko  
Name Suffix::  
City of Residence:: Weymouth  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 65 Greentree Lane Apt. 48  
City of Mailing Address:: Weymouth  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 02190

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity

Given Name:: David  
Middle Name:: J.  
Family Name:: Callaghan  
Name Suffix::  
City of Residence:: Boston  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 98 Calumet Street, Apt. #2  
City of Mailing Address:: Boston  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 02120

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: David  
Middle Name::  
Family Name:: Widomski  
Name Suffix::  
City of Residence:: Wakefield  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 1 Sunset Drive  
City of Mailing Address:: Wakefield  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 01880

#### **Correspondence Information**

Correspondence Customer Number:: 021323

#### **Representative Information**

Representative Customer Number:: 021323

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-provisional of	60/412,952	09/23/02

**Assignee Information**

Assignee Name:: NMT Medical, Inc.

City of Mailing Address:: Boston

State or Province of Mailing Address:: MA

Country of Mailing Address:: USA